

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

permit # 88 63-023734

STATE FILE NUMBER

Registration District No. 82

Primary Registration District No. 5309

Registrar's No. 88

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10270

24000

3

4 1

5 0

6

7 0

8 3

9 X

10

11 027

12 90-0

13 10

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

Registration District No. 82

Primary Registration District No. 5309

Registrar's No. 88

FILED JUL 8 1963

## 1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Boonville Twp.

Length of stay in 1b

1 hr.

c. FULL NAME OF (If NOT in hospital, give location)

RFD Boonville

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY

OR

TOWN

LeMay, 25, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

713 Bella Vista

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

CONNIE

Middle

MAY

Last

CLEVELAND

4. DATE

Month

Day

Year

OF

DEATH

June

29,

1963

## 5. SEX

female

## 6. COLOR OR RACE

white

## 7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5/16/42

## 9. AGE (last birthday)

21

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

typist

## 10b. KIND OF BUSINESS OR INDUSTRY

Bell Tel. Co.

## 11. BIRTHPLACE (City and state or country)

Perryville, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Kirby Cleveland

## 13b. MOTHER'S MAIDEN NAME

Leora Gross

## 14. NAME OF HUSBAND OR WIFE

--

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Kirby Cleveland LeMay, 25, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Fractured skull

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Violence

#### DUE TO (c)

Auto wreck

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Injured in auto wreck.

## 20c. TIME OF INJURY

Hour a.m.

8:45

## Month, Day, Year

6 29 63

## 20d. INJURY OCCURRED WHILE AT WORK

☐

## NOT WHILE AT WORK

☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Near 40 8 miles west

## 20f. CITY, TOWN, OR LOCATION

Boonville

## COUNTY

Cooper

## STATE

Mo

## 21. I attended the deceased from

8:45

## 21a. to attend

her

## 21b. last saw him alive on

9

## Death occurred at

8:45

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Dr. DeGrauer MD

## (Degree or title)

## 22b. ADDRESS

Boonville Mo

## 22c. DATE SIGNED

6/29/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

6/30/63

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## 24. FUNERAL DIRECTOR

Hoffmeister FH

## ADDRESS

St. Louis, Mo.

## 25. DATE RECD. BY LOCAL REG.

6/29/63

## 26. REGISTRAR'S SIGNATURE

Sta Cooper

JUL 10 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Berry W. Hauck

Licensed Embalmer No. 3944

P. O. Address Boonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.